

STATE OF NEW HAMPSHIRE

Statement of Receipts and Expenditures
(RSA 664:6)
6-Month Report for CANDIDATES After
2004 General Election

I, Sheila Koberge of	830 Ide Lantern Rd.
I, Sheila Roberge of Beding Wr/ 03116, candidate (town/city zip code)	te for the office of State Seva G
County of District No	for the <u>lepublican</u> party,
And I, She: la Robage	fiscal agent, do submit the following report of
receipts and expenditures.	
DUITE	PTS AND EXPENDITURES R 2004 GENERAL ELECTION
Date of Report: May 2, 2006 □	November 2, 2006 □
Surplus or deficit brought forward since last report	1) \$ 18, 257, 64
2) Total of all receipts since last report if a deficit was brought forward from General Election	2) \$
3) Total of all expenditures since last report if a surplus was brought forward from General Election REC	3) \$ 18, 257.64 EIVED
4) Balance if SURPLUS	4) \$+
3) Balance II DEFICII	5) \$
NEW HA	MPSHIRE Y OF STATE
Sheela Nober	Sheela Roberse
Signature of Candidate	Signature of Fiscal Agent

RSA 664:5, 7. Any candidate who has any outstanding debt, obligation, or surplus following the election shall file reports at least once every 6 months thereafter until the obligation or indebtedness is entirely satisfied or surplus deleted, at which time a final report shall be filed.

Secretary of State's Office, State House, Room 204, Concord, New Hampshire 03301 Phone: 603-271-3242 -- Fax: 603-271-6316 -- http://www.sos.nh.gov email: elections@sos.state.nh.us

Pageof	_Pages Ca	ndidate or Committee N	lame:							
TEMIZED RECEIPTS			Re	Reporting period ending				2006		
Full Name of Contributor	Post Office Address	Amoun	at of Date		Aggregate* Contributions	If contribution o		ate contribution		
(Alphabetical Order)	1 0st Office Address	Contrib			to Date	Occupation	and	Place of Busines		
					<u> </u>					
			·							
Total of receipts unitemiz	ted (\$25 or under) in this report \$			_						
ITEMIZED EXPENDIT	TURES			***Indica	ate to which electic	on expenditure applies				
D 1142 WH 222	Dank Office Address	Amount of Expense	Date of Expense ***P			ature of Expenditure				
Paid to Whom	Post Office Address	Of Expense	Of Expense 1		0	ded of Daponion				
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TOTAL P.02